Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>06-23-10</u>	Address:	217 s. Sheridan St.	
Case #:	<u>22F45943</u>		<u>Kendallville</u>	
County:	Noble		<u>46755</u>	
Type of Laboratory Seizure (check one) Operational Lab		Seizure Location (check all that apply) Residence Hotel/Motel		
Chemic	cal/Glassware/Equipment (only) ite (only)	☐ Coutbuilding ☐ Vehicle	Open – No Structure Other:	
Items Found: Location (bedroom, kitchen, open air, etc)				
(check all that apply) Lithium/Ammonia Reaction(s):				
Red Phosphorous/Iodine Reaction(s):				
⊠ Flammable Solvents: garage				
☐ Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
Hydrochloric Acid Gas Generator(s):				
Corrosive Acid: garage/bedroom				
Corrosive Base: garage				
Other (item and location):				
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		Ephedrin Retail/Me	Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other:Kendallville PD	
This repor	t is to be faxed to the following agen	cies that serve the lo	ocation:	
Fire Depart	ment: Kendallville	Fax: <u>260-347-7035</u>		
Health Department: Noble		Fax: <u>260-6</u> Fax:		
Child Prote	ction Service:		-	
	information regarding this methamphong Officer: A. LOMONACO Phone	etamine laboratory, cone 574-206-2931	ontact	

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.